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# Introductory Address

DELIVERED TO

THE FACULTY OF MEDICINE  
UNIVERSITY COLLEGE, LONDON

OCTOBER 1, 1900



CUNCTI ADSINT.

BY

GEORGE VIVIAN POORE, M.D., F.R.C.P.

PROFESSOR OF THE PRINCIPLES AND PRACTICE OF MEDICINE.

SCIENCE AND PRACTICE—THE  
NEW HOSPITAL—LECTURING

Reprinted from THE LANCET, October 6, 1900





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## Introductory Address

GENTLEMEN,—It is 19 years since I last had the honour of delivering the introductory address to the students of the Faculty of Medicine in this college. Since October, 1881, inevitable changes have taken place. Many of those who were then our chiefs are now no more ; others have retired from the labours of professorial work ; their places have been supplied, let us hope, by good men and true, all of them anxious to maintain the high traditions of this college. In 1881 some of my colleagues were beginning to talk of reconstituting the University of London. That reconstitution has now taken place. The headquarters of the university have been removed from the City of Westminster to the newly-incorporated town of Kensington, and all the medical schools in London have become constituent colleges thereof. Since 1881 the Universities of Oxford, Cambridge, and Durham, as well as the Victoria University at Manchester, have made, and are making, ever-increasing efforts to meet the needs of the medical student. In connexion with the new University of Wales a medical school has been founded in the flourishing town of Cardiff, and the present year has witnessed the foundation of the University of Birmingham, which, under the guidance of the Right Honourable Joseph Chamberlain and Professor Oliver Lodge, both of them former students of this college, may reasonably be expected to attain a large measure of success. I believe that competition is the very essence of progress and that the largely increased competition in the matter of medical education is full of good omen for the future of medicine in this country. So long as the competitions be really free there is nothing to fear. So long as men be really free to back their own judgment in the matter of gifts and endowments, and so long as the medical student be free to choose the schools and the teachers to which he will take his educational fees, there can be no doubt that the law of the survival of the fittest will

continue to exert its beneficent influence and that progress will result.

I purpose to-day to address myself to those of you who are about to commence the study of medicine proper. Your studies hitherto in chemistry, anatomy, and physiology, studies which are a necessary preliminary to the study of medicine, have been pursued by the aid of dead material and by methods which are largely artificial—methods many of which have no counterpart as far as we can tell in Nature. You have learnt to recognise and to name the various parts of the human body and to understand the relation which the various organs hold to each other. You have learnt how the chemist, by methods of his own, tears organic matter into fragments and designates the bits by dodekasyllables, and represents them by mystic formulæ which sometimes perhaps illustrate his own imaginings and show his descent from the astrologer and the alchymist. You have learnt by methods which are largely artificial to recognise many of the cellular elements which go to the building of our complex bodies and by means of anæsthetics and sundry artifices you have had an occasional glimpse of vital movements—a momentary and imperfect glance of the fringe of Nature's robe. Your time hitherto has been largely spent in a valley of dry bones and in the laboratory of a crematorium, and many of you who to-day begin the study of medicine are doubtless asking, "Shall these dry bones live?"

The passing from the study of the dead to the study of the living constitutes the greatest epoch in the life of a medical student, and you will readily believe me when I say that the study of the living demands infinite patience and great humbleness of mind. I have alluded to the fact that the methods of the laboratory are largely artificial. We are in necessary doubt as to the resemblance between Nature's methods and man's methods, and how far he who works in a laboratory merits the name of artificialist rather than that of naturalist. It is necessary to say this because we have to follow Nature. We must not mistake our methods for her methods. We physicians have to find out what is man's true relation to his surroundings in this world. We are powerless to alter the course of Nature, but we may, perhaps, persuade our fellow men to reform their conduct. Before, however, we begin to persuade, still more before we venture to compel, we must be sure of our ground. We must constantly check the advances of the laboratories by the observations of the broad facts of Nature. Science in its narrow sense must go hand in hand with practice, each must be respectful to the other, like symbiotic organisms living together for mutual benefit. A very dangerous person in this world is the quasi-monocular Polypheme who holds one eye over an immersion lens and keeps the other shut. He becomes doubly dangerous if he be the holder of a public position, which may give to his utterances a fictitious value sufficient, perhaps, to tempt the politician to earn a bubble reputation by hasty



legislation, than which there is no more effectual bar to scientific progress.

"Man, proud man,  
Drest in a little brief authority,  
Most ignorant of what he's most assured,  
\* \* \* \* \*  
Plays such fantastic tricks before high Heaven  
As make the angels weep."

Those of you who are passing from the laboratories to the hospital are equipped for your work in a manner which enables you to observe with completeness and to record with accuracy. You may be disappointed in finding that no inconsiderable part of the knowledge which you have hitherto acquired is of little practical use to you in the wards, or at least you may fail to see the bearing which it has upon the treatment of the sick. Be not dismayed; the correlation of knowledge is infinite. We cannot tell from hour to hour what may prove to be the practical bearings of the most recondite discoveries of the laboratory. The so-called practical man who is ever asking the question "*Cui bono?*" is certainly not the one by whom advances in knowledge are likely to be made. If you find that the recording of cases in the hospital has to be done by clerks and dressers instead of by clockwork and drums driven by an electric motor, do not for this or similar reasons rush to the conclusion that you have left really scientific work behind you. It is true that scientific work cannot be done as rapidly in a hospital as in a laboratory and that in a hospital you cannot control the circumstances and conditions of your work as you can in a laboratory. The collection of facts often extends over years and those who are in a hurry to make a so-called scientific reputation should remain in their laboratories. The power of independent observation is a gift which is given to few. The true naturalist—such as Harvey, "Parson" Hales, John Hunter, Gilbert White, Charles Darwin, and Pasteur—would seem, like the poet, to be born and not made, and generally educates himself by methods of his own. We may reasonably hope, however, that the extension of scientific teaching is calculated to bring the unconscious genius within sight of the mental pabulum for which he has, unknown to himself, an inborn appetite.

May I venture to allude to some of the work which has been accomplished by the patient observation of physicians? First amongst these is the solution by Harvey of the difficult problem of the circulation. This was the result of many years of incessant labour and the observation of every fact which by any possibility could assist him. He is credited with having begun to teach the doctrine at least 12 years before he published it in its final form. He was in no hurry, he had no petty ambitions with regard to priority, and finally he left the question completely settled, so that in the 272 years which have since elapsed physiologists have been able

neither to add to nor detract from the doctrine that remains pretty much as Harvey left it.

Again, the discovery of the cause of the endemial colic of Devonshire by Sir George Baker deserves ungrudging recognition. Baker's essay was published in 1767 and it is very interesting to contrast his admirably arranged and thoroughly scientific discourse with the essays on the same subject which had preceded it. I need not follow Sir George Baker in his collection of facts and his close reasoning upon the facts collected. Having shown that in all human probability the cause of the colic was to be found in the lead fittings of the cider presses, he finally had recourse to Dr. Saunders, "an ingenious gentleman who practised chymistry" and who extracted a tangible quantity of lead from a dozen bottles of Devonshire cider. No better instance can be found of the happy association of the laboratory worker and the clinical physician. I may, perhaps, remind you that Baker's discovery, although limited to a disease which was peculiar to certain districts only of this country, was in reality very far-reaching, for there were endemial colics in many other parts of the world, such as the colic of Poitou and the "dry belly-ache" of the West Indies and Central America, all of which were ultimately traced to lead as a cause. Lead colic was, prior to Baker's discovery, a very widespread malady and is now happily very rare.

Scientific in its best sense was the discovery made by Ballard, then medical officer of health of Islington, that certain pestilences—enteric fever, scarlet fever, and diphtheria, which hitherto were supposed to "stalk in darkness"—walked occasionally with the milkman. This great discovery, following on that made by Snow and Budd that cholera and enteric fever could be conveyed by water, encouraged the pathologist to renewed efforts, and it was not long before the "ingenious gentlemen who practise bacteriology" were able to demonstrate to the clinicians that the true causes of some of these diseases were recognisable by the eye and that their habits were such as to fit them peculiarly for transit by water and by fluids mixed with water. The great increase of knowledge which has taken place with regard to infective disease in the last half of this expiring century has been due to the coöperation of the laboratory worker and the clinician. Let us give to Pasteur and Koch their due mead of praise, but do not let us forget the credit which is due to Ballard, Snow, and Lister.

The spread of infective disease is, in the opinion of some of our more enthusiastic and less experienced laboratory workers, to be accounted for solely by the existence of a microbe, and having discovered the microbe they are anxious to push the fact to what they are pleased to call its logical conclusion. In relation to the bacillus tuberculosis we hear propositions for killing 80 per cent. of our cows, for making expectoration a misdemeanour punishable by fine at so much per nummulus, for declaring it felony to drink raw milk, and for converting a dairyman into a sort of ticket-of-



leave man. No room is to be left for the exercise of private judgment, albeit that clinicians are feeling that the cause of the spread of infective diseases is still enveloped in mystery and that notwithstanding the light which recent discoveries have given us the unknown is certainly greater than the known. The wise laboratory worker will always be chary of moving without the support of the clinician. One great mistake has already been made in Germany in relation to tuberculosis. This should serve as a warning. As a nation we have a reputation for level-headed common-sense, and I feel sure that if in these matters we "legislate in haste" we shall "repent at leisure."

The labours of Edward Jenner in relation to the establishment of vaccination were scientific in the best sense. It is only recently that other facts which seem to bear some analogy to vaccination have received attention at the hands of Pasteur, Haffkine, Wright, Fraser, and others, and we have learnt much, but have much more to learn as to the causes of immunity. Practice in this matter has been ahead of theory. The scientific use of theories and the discovery of far-reaching principles gives an impetus to practice and endows it with a degree of certainty and security which it could not possess without it.

Many an antiseptic process has been practised in our kitchens from time immemorial. The careful housewife who long since successfully preserved fruit by bottling was anticipating Pasteur. Pasteur has shown us the principles which underlie the process, and has therefore given such an impetus to the art of food preservation that we seem almost to be in danger of famine in relation to food which is really fresh. This is a most important matter, for the practical man is beginning to feel that stale food is no true substitute for fresh food, all chemical analysis to the contrary notwithstanding.

The frequency with which practice has anticipated theory and a knowledge of principles is most interesting. The "un-busied shepherd stretched beneath the hawthorn" munching bread and cheese and a raw onion is doing that which his ancestors learnt centuries ago by the light of Nature and the craving of a natural appetite. The physiological chemist arrives somewhat late upon the scene to tell him that he has selected for his meal a perfectly correct mixture of proteids, fats, carbohydrates, antiscorbutics, and antiseptics and Corin stares as M. Jourdain stared on learning that his conversation consisted of prose. If, however, the physiologist were to suggest a change of diet in favour of a more portable assortment of dried proteid, starch, oleomargarine, and allyl compounds, the best products of his laboratory, he would probably attribute the yokel's refusal to impenetrable stupidity. The physiologist unfortunately can tell the shepherd nothing concerning those natural appetites which are the mainsprings of every human action.

In Stanley's "Darkest Africa" I find a very interesting example of practice ahead of theory. In the second volume

the author has some valuable observations on malaria, among which I find the following: "Emin Pasha informed me that he always took a mosquito curtain with him as he believed it was an excellent protection against miasmatic exhalations." Emin's practice was right (a practice, I am told, not unknown in India), albeit that he seemed to have no knowledge that the "miasmatic exhalation" against which he was protected was nothing more or less than a mosquito. It is needless to point out how recent discoveries have supported Emin's practice. We must not lightly abandon established practices at the bidding of each unfledged theory. Theory and practice must go hand in hand, each working for the correction and support of the other, if the art of medicine is really to progress and the profession to retain its legitimate hold upon the public.

#### THE NEW HOSPITAL.

The council of this college soon learnt that a medical school without a hospital was not complete, and that for the education of the medical practitioner science and practice must go hand in hand. The old hospital, so soon to disappear, was opened in 1833, and in it an illustrious line of physicians and surgeons have done work which has redounded to the credit of the institution and have sent out students whose subsequent careers have shown how well they were taught and how diligently they worked. It is now 20 years since the old hospital was condemned as unfitted for its purposes by Dr. de Chaumont, the worthy successor of Parkes in the Chair of Hygiene at Netley. Sir Francis Goldsmid came forward and made a noble offer to help us to rebuild it—an offer which the council, after due deliberation, refused, notwithstanding that the general committee and the then staff of the hospital were unanimous that rebuilding was necessary. Thus it has come about that we as a medical school have been handicapped in these days of keen competition by being obliged to carry on the most important part of our teaching in a hospital which, when compared with recent hospitals, was obsolete and squalid. Possibly our ill-fortune has been a blessing in disguise, because the construction of the much-needed new hospital has now been undertaken in a spirit of unbounded generosity and philanthropy by Sir Blundell Maple, whose name will deservedly be honoured as that of Thomas Guy is honoured, and whose noble hospital, the form of which is due to the genius of Alfred Waterhouse, bids fair to be one of the chief ornaments of the new borough of St. Pancras. As we are about to take possession of the central (administrative) block and one of the wings of the new hospital it will not be out of place if I say a few words about it.

The new hospital has about double the area of the old hospital and occupies the entire "island" bounded by University-street, Huntly-street, Grafton-street, and Gower-

street. Not only is it surrounded by streets, but it faces the college green, and considering that it is necessarily placed near the centre of a densely crowded city it may be said to occupy a site which is exceptionally good in relation to light and air. Nearly the whole of the area will be covered by a noble basement 15 feet in height, rising six feet above the pavement and lighted by large windows and skylights. In this basement will be placed the out-patient departments, baths, offices, store-rooms, &c. The ventilation of this basement has received special attention and it will be completely cut off from the central and subsidiary staircases and lift shafts which communicate with the superstructure. The wards have an amount of floor space per bed greater, I believe, than is to be found in any other hospital. This is most important as conducing to purity of atmosphere and enabling the individual patient to be easily screened off when necessary—a necessity which for one reason or another is of frequent occurrence. In a teaching hospital like ours large floor space is required for the accommodation of students. The wards are amply lighted by windows on both sides and it is one of the advantages of the cruciform ground plan which Mr. Waterhouse has adopted that the majority of the ward windows command a view which is singularly unobstructed because there are no buildings which are opposite and parallel to them. The new operating theatres are highly finished and are arranged and fitted after the best models to be found either in this country or the continent. In them, as in the rest of the hospital, light and cleanliness have ever been in the mind of the donor, the architect, and the medical staff, whose opinions at all times have received the most careful consideration at the hands of the hospital committee and the building committee.

We have not been unmindful that science and practice must go hand in hand. If medicine is to advance morbid products must be minutely studied by all the methods which are available. A novel feature of the new hospital is the range of rooms on the top floor devoted to the chemical, microscopical, and bacteriological study of morbid products and secretions. These investigations often give a certainty to diagnosis which a few years ago was hardly dreamt of, and it must be remembered that upon accuracy of diagnosis depends to a large extent the efficacy of treatment. It may, I think, be confidently said that in no hospital will the latest advances of pure science be more promptly available for the relief of the suffering poor than in the palatial establishment which Sir Blundell Maple is building for us. We are entering at once into possession of four new wards containing 96 beds, new administrative offices, new baths, new operating theatres, and new scientific workrooms for the purposes of research and diagnosis. The nurses' wing is rapidly approaching completion and when this is finished we confidently expect that the accommodation provided for our resident medical staff, for our matron, and for nurses and



servants, will compare favourably with that of any other hospital. It need hardly be said how essential it is that young men and women engaged in the arduous duties of attendance on the sick should be housed in the most wholesome manner possible. There can be no doubt that the present and future students of University College will enjoy facilities for the practical study of disease such as were undreamt-of a few generations back.

#### LECTURING.

The medical student differs from other students in this, that his course of study is largely controlled by the General Medical Council and the corporations. Seeing that mere examination is a very fallible test of knowledge, and seeing that the public naturally want some guarantee of adequate education from those to whom they entrust their lives, the medical student is compelled to produce proof that he has at least dwelt for a season beside those springs of knowledge from which he may have sipped occasionally when so inclined. He is *compelled*, for example, to produce evidence that he has attended certain lectures, and you will only think it natural for me to make some special allusion to the course of lectures on the Principles and Practice of Medicine which (*inter alia*) he is bound to attend. Formerly he was compelled to attend two courses of such lectures; now the examining boards are contented with one course. The medical student is still a very much lectured individual. He has very little time to pick up crumbs of knowledge for himself, but his intellectual pabulum is administered at very frequent intervals, often without regard to his appetite or his powers of assimilation.

There is an idea that mere lecturing is of little use, that practical work in the laboratory is the only true complement of practical work in the wards, and that the printing press has rendered lecturing unnecessary. There is a measure of truth in this, and therefore it is almost incumbent upon me to offer some apology for venturing to stand before you as a professor whose duty it is to give lectures on medicine not at the bedside only but in a class-room. Perhaps I have been tempted to take upon me the duties of professor of medicine by the recollection of my student days and by the consciousness that in listening to the systematic lectures on medicine of my day I spent time more profitably than I have ever done before or since and obtained a knowledge of medicine which I found in no text-book. In listening to those lectures one's enthusiasm was roused, and one went from the lecture-room to the ward with intenser interest and with greater knowledge of how to observe and what to look for. Not many students even of this college had the good fortune to attend the systematic lectures on medicine by William Jenner, because his tenure of the chair extended only to four or five sessions. Sir William

Jenner was the greatest lecturer I have ever heard. He appeared to me to have more insight at the bedside than any other physician I have ever met, and assuredly he was the strongest personality with whom I have ever had dealings in this world. As to Jenner's lectures I have never heard but one opinion. That is interesting, because a lecturer, even a good one, is not always in sympathy with all the members of his audience, and you will find that among students there are widely different opinions as to the merits of their teachers. Jenner taught from the fulness of his personal knowledge and largely used the vivid impressions made upon him by cases which he had seen for illuminating and illustrating the principles of medicine. When he suddenly interrupted the thread of his discourse with the words, "I saw a case last week which illustrates this," there followed an interesting recital which was vivid beyond belief and left itself ineradicably fixed on the tablets of the memory. Jenner never talked about things which he did not understand he was a physician in whom there was little of the metaphysician. He knew that intricate arguments on doubtful points, arguments often difficult to follow even by the best of his audience, were out of place in the lecture-room. There was no attempt at oratory, no wasting of the students' time with flowers of rhetoric, no pretentious display of learning, no pedantry, no "side." His style was that of an honest man, brimful of learning, spurred by enthusiasm for his subject, and genuinely anxious to impart knowledge. His manner was his own, at once simple and emphatic. He was a man of transcendent gifts and willingly gave of his best even to the least intelligent. Sharpey, who lectured on physiology, was also an expounder of no common merit who devoted much of his time to lecturing and whose lectures, like those of Jenner, were a recurring pleasure. The lectures of Ellis, the professor of anatomy, were highly esteemed by many. To me they proved too soothing even at 9 A.M. He fed us, as it were, on a flavourless gruel of uniform quality which, though theoretically nutritious, proved unappetising to some of us. Two, among the other courses of lectures which I attended, were thoroughly bad, mere incoherent and incomprehensible drivel. I have used the word "attended," but I will ask you to interpret this word in a "schedule" sense.

It is not always the man with the most knowledge and the greatest intellect who makes the best lecturer. Some of our greatest men have had very little power of exposition. A notable instance of this was Professor Thomas Graham of this college who became Master of the Mint. He was the greatest chemist of his age and the worst lecturer conceivable. Such a man—and I take him as a type—is far better employed in research than in lecturing. The laboratory, not the theatre, is his proper sphere of action.

Lecturing is not reading. The man who keeps his nose on a manuscript while his audience take a nap might well be replaced by a phonograph with a text-book in its magazine.



The functions of a lecturer are different from those of a text-book. The lecturer has power of selecting his material and he must be able to keep in touch with his audience. He knows at once when his audience are interested and when they are bored. A lecturer who fails to maintain order in his class has probably mistaken his vocation. The student who pays no attention and who comes to lectures on compulsion is an unmitigated nuisance.

I should not have assumed the duties of the chair of medicine unless I were buoyed by the hope of being useful to those of you who are commencing the study of medicine proper and who, while attending my course, will be mainly occupied in filling the junior clinical appointments. In a former address I took occasion to remark that man, who to our unaided vision appears to be at most some six feet by two, is, when viewed by the higher powers of the microscope, about as tall as Mont Blanc and two miles wide across the shoulders. Medical studies have necessarily enlarged with the virtual enlargement of the subject of them, and so it has come about that specialism in medicine is very highly developed—perhaps morbidly hypertrophied. This is inevitable; but a student must generalise before he specialises. As an examiner in medicine of some experience I have noted that students often have a most imperfect grasp of elementary principles.

Just as it is the business of the professor of anatomy to deal with the entire framework of the body, so it is, I conceive, the duty of the professor of medicine to endeavour to give the student a comprehensive glance of the entire field. If the young student be too early given over to the teaching of specialists his knowledge is apt to be scrappy and he obtains an acquaintance with medicine which may be compared to that which we may suppose the aphid has of the rosebush on which it feeds. The young student needs instruction as to the proportionate importance of different subjects. He needs to know the common things, and his tendency to run after medical rarities to the neglect of more important matters must be checked rather than encouraged.

Some of the modern text-books written by specialists are often misleading to the student, because diseases which are so rare that an ordinary practitioner may never encounter a single case are treated at inordinate length. I was lately dipping into a work in which the diseases of the skin were dealt with by no fewer than 15 different authors. The knowledge, the half-knowledge, and the no-knowledge of these gentlemen had been elegantly rendered in the dermese language and set before the reader, but the word "itch" did not appear in the index. The child playing with a Noah's ark naively remarked that the beetle was as broad in the back as the elephant and the same criticism may be made on some of our modern treatises, which are apt to mislead a beginner as to the relative importance of different diseases. I trust that it may be my privilege to be of some use to the

beginners of medicine and with the aid of the vast amount of material which is ready to our hand in the museum and the hospital to give a solid foundation and scaffolding upon which you may securely build hereafter, as your knowledge and experience increase.

#### ENDOWED LECTURES.

One of the results of the reconstitution of the University of London may be a diminution in the number of lecturers and an increase in the size of the classes. Thus it will be possible for a man to give some of his best energies to teaching without suffering from comparative starvation. At present few lecturers earn a "living wage." It must be remembered, however, that lecturing is very hard work. Speaking with no little experience I should say that to really hold the attention of an audience for an hour makes very great demands upon one's store of energy. A man who teaches successfully and lectures day after day may well be excused if his output of what is called original work is not very great. Professor Sharpey was one of the most learned physiologists of his time and yet his fame in the field of discovery is small, and one reason for this is, I believe, due to the fact that his best energies were given to teaching. Not only did he lecture six days a week to large audiences in this college but his advice was sought far and wide, and when sought was freely given to all workers in the vast field of physiology.

We hear a great deal about the endowment of research, and if such endowments should relieve original workers from the drudgery of lecturing, for which possibly they have no great love or aptitude, there can be no doubt that such endowments would advance knowledge and prove a benefit to the student in many ways. The endowment of lectureships, especially of lectureships which students are compelled to attend, is of very doubtful advantage to the student. Dr. Johnson attributed the failure of Gresham College to the fact that the lectureships were endowed while the students paid no fees. Such an arrangement was not calculated to bring out the energies of the professor, and if by chance a professor without the necessary aptitude were appointed to a chair failure and boredom were the results. Every professor needs the stimulus of competition and his emoluments ought mainly to depend upon the fees which are freely paid by students who feel that he can be useful to them. In very few cases ought the endowments of a chair to exceed the amount of fees contributed by students. The best form of endowment would be a provision for old age, which should bear some relation not only to length of service but also to the average earnings in the five years preceding retirement. Thus an inducement would be given to professors whose powers are failing to make room for younger men. Doubtless many of you have heard the story of Gil Blas and the Arch-

bishop of Grenada. It seems *appropos*. Gil Blas, who occupied the post of secretary to the archbishop, was one day thus addressed by the prelate: "My chief pleasure consists in preaching. .... The honour of being reckoned a perfect orator has charmed my imagination .... but I would avoid the fault of good authors who write too long. .... Wherefore, my good Gil Blas, whenever thou shalt perceive my pen smack of old age and my genius flag don't fail to advertise me of it." A few months later the archbishop had an attack of apoplexy, from which he recovered sufficiently to enable him to mount again his pulpit steps, but the fire of his genius was extinct and his congregation said to one another, "This sermon smells strong of the apoplexy." Gil Blas, faithful to his duty, broke the sad intelligence to his grace, but soon found that it was impossible to appease an incensed author who had been accustomed to hear himself praised. "Go," said the Archbishop as he thrust Gil Blas from his closet; "may Heaven conduct you; I wish you all manner of prosperity and a little more taste." If lecturers and professors are mainly dependent on their earnings there will be no need of any Gil Blas to run the risk of tendering unpalatable advice. On the other hand, the man who has successfully given his best energies to teaching ought to be under no apprehension as to his sustenance in his declining years. Open competition with a fair field is the surest protection against discourses which smell of apoplexy, a protection to which students who are compelled to attend lectures have an undoubted right.















